California Children's Services (CCS) Program
Child Health & Disability Prevention (CHDP) Program

BUSINESS OBJECTS
ACCOUNT ACTIVATION / DEACTIVATION REQUEST

This form is to be used by local CCS and CHDP programs to request access to data through Business Objects for local program staff. Fill in the appropriate checkboxes and complete the requested information for all requests. Please allow three weeks for processing requests.

Select One	Program	Name and Position	E-Mail Address and Phone Number
☐ Add ☐ Modify ☐ Delete	☐ CCS ☐ CHDP		
☐ Add ☐ Modify ☐ Delete	☐ CCS ☐ CHDP		
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☐ Add ☐ Modify ☐ Delete	☐ CCS ☐ CHDP		
☐ Add ☐ Modify ☐ Delete	☐ CCS ☐ CHDP		

County/City: ____________________

Requested by: ____________________
Print Name of CCS Administrator / CHDP Deputy Director

Signature: ____________________
Signature of CCS Administrator / CHDP Deputy Director

Phone: ____________________

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CONFIDENTIALITY OATH
FOR THE MEDI-CAL, CCS, CHDP, AND CHDP GATEWAY PROGRAMS

As a condition of obtaining access to data and fiscal/reporting records utilized/maintained by the State Department of Health Care Services and its fiscal intermediary, I agree not to:

1. Divulge any information obtained in the course of my assigned duties to unauthorized persons, and
2. Publish or otherwise make public any information regarding persons(s) receiving Medi-Cal, CCS, CHDP, or CHDP Gateway services such that the persons who received such services are identifiable.

Access to such data shall be limited to state and federal personnel who require the information in the performance of their duties and to others such as local health department CCS/CHDP program staff as may be authorized by the Department of Health Care Services.

I recognize that unauthorized release of confidential information may be subject to civil and criminal sanctions pursuant to the provisions of the Welfare and Institutions Code Section 14100.2.

County/City: _____

Signature(s) of users who agree to the above conditions:	Date:

Return Form to: **California Department of Health Care Services**
Children's Medical Services – Business Objects
P.O. Box 997413, MS 8100
Sacramento, CA 95899-7413

or Fax: (916) 440-5300

(CHDP / CHDP Gateway: Mail originals to above address.)